

**Eponyms preferred nomenclature, clinical presentations in Preexcitation Syndromes**

<b>Current nomenclature</b>	<b>Preferred nomenclature</b>	<b>Clinical presentations</b>
1. Kent Bundle (WPW)	Accessory AV pathway	12-lead ECG short PR, delta wave (WPW) or normal Orthodromic and antidromic AV reentry, preexcited AV reentry
2. Mahaim fibers		
a. Decremental atriofascicular pathway	Atriofascicular pathway, slow conducting AV-AP	Baseline ECG with little or no preexcitation. Antidromic tachycardia with LBBB pattern
		No retrograde (VA) conduction via atriofascicular pathway.
b. Nodovertricular	Nodovertricular pathway	Narrow QRS tachycardia/ AV dissociation, Wide QRS tachycardia, existence not proven
c. Nodofascicular	Nodofascicular pathway	
d. Fasciculoventricular	Fasciculoventricular Connecting specialized conduction system to the ventricular myocardium and may excite the ventricle earlier than would be via normal conduction route	Normal PR, subtle and fixed ventricular preexcitation. No clinical tachycardia

<p>2. J a m e s / L G L syndrome</p> <p>The eponymous use of James fibers as a cause of preexcitation should be relegated to historical import only. Current evidence mitigates against the existence of any clinical or electrophysiological basis for LGL syndrome. It must be emphasized that to date no electrophysiological significance of the above mentioned morphologic findings have ever been proven.</p>	<p>ECG description, i.e., short PR, narrow QRS</p> <p>Enhanced AV nodal conduction,</p>	<p>No clinical tachycardia</p>
<p>d. Fasciculoventricular</p>	<p>Fasciculoventricular</p> <p>Connecting specialized conduction system to the ventricular myocardium and may excite the ventricle earlier than would be via normal conduction route</p>	<p>Normal PR, subtle and fixed ventricular preexcitation. No clinical tachycardia</p>

AP, accessory pathway; AV, atrioventricular; WPW, Wolff-Parkinson-White; LGL, Lown, Ganong and Levine; VA, ventriculo-atrial